

Human Resources Service Center

Request For Annuity Computation

Name: (last, first, middle)			SSN:	Date of request:		
Da	ytime phone (DSN	and commercial <i>)</i> :		UIC:		
Do you want the estimate faxed or mailed?						
☐ Faxed to:						
☐ Mailed to:		Street Address:				
		City/State/Zip Code:				
1. When do you want to retire (mmddyy)?						
3.	Retirement type? Optional Disability Early Out 4. How (CS			y hours of sick leave do you have: nly <i>)</i>		
5.	Do you want a sur □ NO	Do you want a survivor annuity: for your spouse? ☐ NO ☐ YES, If yes, ☐ Maximum ☐ Minimum amount		ad any part-time service?) hours a week)		
	(Note: You need a	a survivor annuity for your spouse to		□ NO	□ YES	
7.	Have you had more that 6 months leave without pay in a calendar year?			□ NO	□ YES	
8.	8. Have you been a temporary employee? If yes, have you made a deposit for this service?			□ NO □ NO	☐ YES ☐ YES	
9.	•			□ NO	□ YES	
	If yes, did you get your contributions back?			□ NO □ NO	☐ YES	
	If yes, did you pay the contributions?				□ YES	
10.	10. Have you been on active duty with the military?				☐ YES	
	Did you retire from active duty with the military?			□ NO	☐ YES	
	Have you received a statement of military base pay from the finance center?			□ NO	☐ YES	
	If so, please attach a copy. Have you made a deposit for military service performed after 1956?				□ YES	
	Would you like the annuity computed on: ☐ Civilian service only☐ Combining military & civilian service☐ Both ways					
Co	mments:					